**Willie M. Section**
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**and**

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**Division of Exceptional Children's Services**
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# PERFORMANCE EXPECTATIONS FOR RESIDENTIAL SERVICES FOR WILLIE M. CLIENTS

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# I. PHILOSOPHY AND BELIEF STATEMENTS FOR RESIDENTIAL SERVICES FOR WILLIE M. CLIENTS

**PRINCIPLE:** Children experience a minimum of residential placement changes and minimal disruptions in relationships.

## PERFORMANCE EXPECTATIONS:

A. The T/HP treatment team's decision to treat the child in a residential setting is based on a solid understanding, derived from a thorough and accurate clinical formulation, of his current needs and his long-range permanency plan, that is, a reasonable projection of where the client will be at age eighteen.

B. The T/HP treatment team's decision to treat the child in a residential setting reflects an understanding of and commitment to the NC Statutes and Administrative Rules mandates that services be provided to the child in the **Least Restrictive Environment** consistent with the child's needs balanced against the safety of the community.

C. The admission of the child is made in a manner that is responsive to the urgency of the child's circumstances and results in the timely provision of services.

D. The child's residential treatment program provides stability in the child's life and helps him/her develop trusting relationships.

E. The child's program design is **individualized**, providing what the child actually needs and allows caregivers to do "what it takes" to meet his needs.

F. The child's residential program reflects a client-centered and family-centered focus, with concrete evidence that the child is actively and meaningfully engaged in the development and implementation of his treatment plans, and to the extent possible, the child's family is equally engaged.

G. The residential component has the capacity to respond appropriately to the child's need for crisis stabilization and emergency services of a clinical origin, and in the absence of such a capacity, to recognize and acknowledge that any response that is less than appropriate is, in fact, interim in nature.

## II. INDIVIDUALIZED AND PROGRAMMATIC BEHAVIOR MANAGEMENT

**PRINCIPLE:** The behavior management system is predicated on positive emotional relationships between staff and residents, teaching the children how to control their behavior.

### PERFORMANCE EXPECTATIONS:

A. There is a written behavior management system in place, which is based on sound behavioral theory and practice, and all staff are trained to be consistent in its implementation.

B. The system is designed to maximize staff attention to appropriate behaviors and to minimize the time involved in dealing with maladaptive behaviors.

C. The behavior management system fosters a positive, caring, trusting relationship between residents and staff.

D. Life skills and appropriate social behaviors are routinely promoted by positive social reinforcers from the staff.

E. Effort is made to provide a home environment which, in itself, is reinforcing to the residents and contributes to their feelings of acceptance, emotional well-being, and personal safety and security.

F. The behavior of the adults in the residential component is clearly defined in terms of expectations.

G. Adult behavior conveys affection, security, acceptance, and limit-setting, and contributes to the child's achievement of his therapeutic goals.

H. There are behavioral data indicating that the residents are successful in progressing toward the measurable goals outlined in their treatment plans.

I. The behavior management system actively teaches children replacement behaviors and alternative problem solving strategies.

J. The child's program design articulates appropriate responses to the child's symptom behaviors and advocates for and uses interventions instead of legal charges as consequences of behavior.

## III. SOCIAL SKILL TRAINING AND CONFLICT MANAGEMENT

**PRINCIPLE:** The fostering of healthy interpersonal relationships, based on trust and mutual respect, engenders the development of social competence and coping skills in the children and adolescents residing in the home.

### PERFORMANCE EXPECTATIONS:

A. The staff provides opportunities for residents to identify with wholesome adults and develop feelings of being loved and wanted.

B. Residents are instructed, by word and example, to accept the values of society, and recognize the personal benefits they derive from compliance.

C. Residents are provided with and guided through opportunities for developing adequate peer relationships within the home.

D. The program design provides daily opportunities, through structured sessions with peers and staff, for the residents to acquire the ability to negotiate settlements to conflicts in a socially acceptable manner.

E. The program staff communicate to each resident that they know him, like him, and are there for him.

F. The program is attuned to the child's basic needs, emotional as well as physical, and ensures, either directly or through linkages, that these needs are met.

G. The home is safe, and every resident feels that he is in a safe environment.

H. Residents are expected to succeed, and expect themselves to succeed, and the staff are expected to structure interactions so that success is the predictable result.

I. Each resident is provided with his own "space" in which he and his belongings are safe from violation, and learns to respect the person and belongings of other residents.

J. Routine activities, especially mealtimes, are recognized as valuable opportunities for the staff to model appropriate social interactions and to build on the social repertoire of each resident.

## IV. INTEGRATION OF SERVICE COMPONENTS

**PRINCIPLE:** The residential program design and operation reflect an understanding that each client needs and the NC Statutes and Administrative Rules mandate that all service components work together to implement a "24-Hour Plan" treating the whole child.

### PERFORMANCE E EXPECTATIONS:

A. The residential treatment plan is derived from the resident's *Treatment/Habilitation Plan*, his outpatient treatment plan, his *Individual Education Plan*, his day treatment/education plan (if applicable), the terms of his probation (if applicable), and the child's long-range permanency plan.

B. The program design provides an effective mechanism for communicating, on a daily and on an as-needed basis, with the child's school, and on a regular basis with his parents, guardians, therapist, court counselor, employer, mentor, and all other stakeholders with a legitimate interest in the child's welfare.

C. Each resident, to the extent of his ability and readiness, is provided with regular opportunities to interact with the community outside the group home, in order to develop social competence and a sense of being rooted where he belongs.

D. The residential program evidences an awareness of its important but component role in the execution of the child's total plan.

E. Residential staff recognize and facilitate the case manager's role as lead agent in the development of the child's plan, in the monitoring of its implementation, and in advocating for the delivery of appropriate services.

F. Consistent with the child's T/HP, residential staff, *in loco parentis*, represent the resident's interests in negotiating with his school, with his employer, with the court system, and with other individuals and agencies with whom the child might be involved either temporarily or over the long term.

G. The residential program serves as a primary player, through the T/HP process, in the design and execution of the resident's transition from the group home to either his natural home or some less restrictive residential treatment setting.

## V. PERSONNEL SELECTION, MANAGEMENT, AND DEVELOPMENT

**PRINCIPLE:** All staff serving **Willie M.** clients in residential programs are carefully selected, well-trained, and share a commitment to do "whatever it takes" to provide each resident with the services he needs and to which he is legally entitled.

### PERFORMANCE EXPECTATIONS:

A. Personnel selection procedures are carefully designed to recruit, validate, employ, and retain individuals of the highest calibre and with the disposition and training for providing quality care to **Willie M.** children and adolescents.

B. The program employs "the best and the brightest," providing residents with the tools they need to achieve their goals and objectives.

C. Residential staff members receive routine on-site clinical supervision.

D. Each staff member receives an initial training needs assessment and has an individualized training protocol established to meet his needs.

E. Continuity of relationships between staff and residents is reflected in length of employment and low staff-turnover in key staff positions.

F. The program incorporates incentives that result in the retention of superior staff members, providing the stability of relationships that clients need.

G. Staff members receive support from their supervisors designed to encourage, motivate, and prevent "burnout."

H. Each staff member is a vital member of the resident's treatment team and his contribution is valued.

I. Staff members are regularly informed of all administrative and programmatic decisions affecting their responsibility for and ability to provide quality care to residents.

J. Staff members know what is expected of them and receive regular feedback designed to enhance their job performance.

## VI. FAMILY INVOLVEMENT

**PRINCIPLE:** The child is viewed as an integral part of his ecology and treatment is provided within an ecological framework.

### PERFORMANCE EXPECTATIONS:

A. Parents or legal guardians are directly and consistently involved in decisions affecting the residential treatment and care of their children.

B. Staff members provide ongoing parent counseling and consultation regarding their child's progress and needs, and coordinate behavior management strategies between the residential program and the child's natural home.

C. Staff members are sensitive to the needs, feelings, strengths, weaknesses, assets, and liabilities of parents, and are able to explore these with them.

D. Staff members communicate *with* rather than *to* parents.

E. Staff members are able to discuss the clinical needs of the child with the parents without placing blame for the child's deficits on the parent.

F. Parents express positive feelings toward the program and indicate that they feel valued by the staff.

G. Treatment interventions which occur within the residential setting are designed to enhance the child's functioning within his family or surrogate family.

H. When reunification of the family is a long-range goal for the child, the residential program is integrated into overall team efforts to provide the array of services the family needs to make the goal a reality.